

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		*****	2	2			Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	107	*****			Weekly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.87	*****	7.87			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI B	NODI B		*****	NODI B	NODI B				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	405	*****			Weekly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI B	NODI B				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.13	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	15	15	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	4	4			Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	*****			Weekly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.09	*****	NODI 9			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25	25		*****	25	25			Weekly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	68	*****			Weekly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0352	.0352		*****	*****	*****	*****		Daily	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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Chlorine, total residual	SAMPLE MEASUREMENT	.58	.58		*****	.58	.24			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	.69	*****	*****			Weekly	GRAB
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	.63	*****	*****			Weekly	GRAB
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	45.29	45.29	*****			Daily	
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	4	4			Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	119	*****			Weekly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.98	*****	6.98			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	8		*****	8	8			Weekly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1710	*****			Weekly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.11664			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83851

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(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13	9		*****	12	10			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	137	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11	8		*****	5	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	177	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2413	.4211		*****	*****	*****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	75	*****	*****		1	Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	13		*****	3	5			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	225	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	32		*****	8	13			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	261	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5828	.2951		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3		*****	3	4			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	195	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6	8		*****	9	10			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	381	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7336	.4101		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	4	7			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	154	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11	38		*****	11	19			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	260	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.3493	.8773		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	63			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	86		*****	26	83		3	5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	181	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	57	54		*****	24	52		3	5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	181	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.7786	.7414		*****	*****	*****	*****		Once Every 4 Weeks	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	2420		1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	25	*****	*****		1	5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	75	*****	*****		1	5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	8		*****	3	4			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8			Four Per Month	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12	9		*****	5	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	102	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.4943	.8492		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	24			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6		*****	3	5			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	77	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13	18		*****	7	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.2624			*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	10			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****		1	Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE
ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI L	NODI L				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI L	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	3		*****	4	5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	429	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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				MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		*****	.38	1.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI L	NODI L		*****	NODI L	NODI L				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4121	.0916		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI E				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.68	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		*****	3	3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	194	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	4		*****	7	9			Weekdays	CMGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	570	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.04	.08		*****	.07	.09			Once Every 5 Days	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.4537	1.16		*****	1	3		2	Once Every 5 Days	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7767	.083		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	228			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.05	19.02			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.96	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		*****	3	3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	160	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	3		*****	6	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	297	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ID0022781	001-A
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09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		*****	1	2			Once Every 5 Days	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3				COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.411	.06		*****	1	1		1	Once Every 5 Days	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8844	.0637		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	140			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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ID0022781	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8			4 Times Every Quarter	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED					AREA Code	NUMBER

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10/01/2012	10/31/2012

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.02	17.08			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.82	*****			14 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3		*****	3	7			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	174	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.7			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	3		*****	4	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	256	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		*****	1	1			Once Every 5 Days	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.511	.02		*****	1	1			Once Every 5 Days	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4383	.1954		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	221			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.6	15			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	7		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	105	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4	6		*****	5	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	226	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.12	.21		*****	.1	.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.049	.11		*****	31	34			Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1408	.4205		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	118			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.9	12			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.5	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5	6		*****	2.75	3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	95	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12	17		*****	7	7			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	225	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF
ADDRESS: P.O. BOX B
 PLUMMER, ID 83851
FACILITY: PLUMMER, CITY OF - PLUMMER WWTP
LOCATION: TOETLEY ROAD (COEUR D'ALENE
 RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.77	8.62		*****	1.68	5.87			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.4			Twice Every Week	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.18			Twice Every Week	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.062	.11		*****	38	78			Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1			Weekly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.7522	.3821		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	114			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2012

MM/DD/YYYY

12/31/2012

DMR Mailing ZIP CODE:

83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	246			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.9	8.1			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.69	*****			Three Per Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	28		*****	7	12			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.6			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25	71		*****	12	15		1	5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	342	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	16.86	28.9		*****	8.2	12.8		4	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.545	.45		*****	265	341		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.4063	.6253		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	1990		1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	68	*****	*****		1	5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	83	*****	*****		1	5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.8	7.8			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.77	*****			Three Per Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	5		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.91	*****	7.44			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12	14		*****	6	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	222	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.51	.754		*****	.265	.646			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.376	.68		*****	195	378		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.2423	.4195		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.76	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.6	9			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.3	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.35	5.21		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.6			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.6	11.65		*****	2.75	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	215	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

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RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83851

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(SUBR 01)

PLUMMER CREEK

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.1173	.1302		*****	.07	.089			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.21			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.38	.48		*****	227	187		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.15			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.638	.6124		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

03/01/2013

MM/DD/YYYY

03/31/2013

DMR Mailing ZIP CODE:

83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	245			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83851

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.7	10.7			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.67	*****			13 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	3		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	83.25	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.44			Three Per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4	7		*****	3	5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	189	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.735	3.941		*****	1.56	4			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.22	1.839		*****	2	3		2	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.267	.4415		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.4	15.2			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.42	*****			11 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.42	1.71		*****	2	2			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	133	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.97	*****	7.04			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9	11		*****	7	17			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	566	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.2	7.6		*****	3.1	7.6		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.201	.14		*****	20	30		1	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7185	.1251		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	108			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.89	17.5			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.17	1.6		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	127	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.2	6.2		*****	6	11			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	493.5	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	.7		*****	1	1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	119	2.21		*****	169	277		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.21			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9398	.4484		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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06/01/2013	06/30/2013

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PLUMMER CREEK

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	277			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.2	24			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.3	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.07	1.19		*****	2	2			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	139	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.6	2.6		*****	3	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	246	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.04		*****	.07	1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.07	1.9		*****	2	3570		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0236	.0905		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	4.1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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ATTN: TIM CLARK, MAYOR

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08/01/2013	08/31/2013

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.3	21.5			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.88	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1	2		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	885	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.54	*****	7.94			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.8	3.12		*****	3	7			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4103	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.05	.07		*****	.08	.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1310	3		*****	2180	3760		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0032	.0959		*****	*****	*****	*****		Daily	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	7.3			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.9	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.9	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	20.2			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.35	*****			13 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.0212	1.1475		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	205	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.84	*****	7.87			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.6588	2.6321		*****	3.25	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	816	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
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09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.5106	.0371		*****	1	1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.02			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.93			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	267	.4		*****	522	925		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1109	.1362		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.1321	167			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

09/01/2013

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	381			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.5	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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PLUMMER CREEK

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.23	15.8			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.7	*****			Nine Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.4653	1.1409		*****	2	2			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	138.2	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.98	*****	7.8			Three Per Week	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.9701	1.346		*****	2	3			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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PLUMMER CREEK

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.036	.0964		*****	.0744	4.32			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	92.06	.316		*****	189.8	583		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9513	.1087		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.5	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.2	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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11/01/2013	11/30/2013

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MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.41	13.4			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.51	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	2		*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.3	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	7.89			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.533	4.674		*****	4.75	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	490	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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PLUMMER CREEK

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.138	2.889		*****	1.53	5.7			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.194	.247		*****	261	330		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9723	.3112		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.6	44.8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.4	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.79	9.81			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.4	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.6946	1.8514		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	113	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.61			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.7538	2.552		*****	3.25	5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	967.5	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
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MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.76	5.1296		*****	4.4375	7.51		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.61			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.78			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	82.8278	.1236		*****	97.75	199		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.0715	.099		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	30.37	125			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	350			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.2	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.4	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
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01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83851

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.39	8.9			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.32	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.59	3.6		*****	2.825	3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	532.5	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.66			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13.3	32.4		*****	14.5	27		1	Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1547.25	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.03	3.67		*****	4.4	7		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	47	.46		*****	51.75	84		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7166	.3074		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.23	221			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B
PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE
RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.4	7.6			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.87	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.51	52.04		*****	8	24		2	Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	169.5	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.9			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.06	75.89		*****	14.25	35		2	Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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DISCHARGE MONITORING REPORT (DMR)

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DMR Mailing ZIP CODE: 83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13.95	34.06		*****	8.26	8.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.7	1.3		*****	414.75	1190		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.4433	.1944		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.39	30.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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